

WESTMINSTER SCHOOL DISTRICT

STUDENT ADMISSION

OFFICE USE ONLY

Verification of Date of Birth
(Grades K, 1)

Date of Birth: _____

as recorded on:

Birth Certificate _____

Passport _____

Baptismal Record _____

Other _____

Verified by: _____

Chronological Age _____

Date Enrolled _____

Home School _____
School _____

Grade _____

Teacher _____

Records Requested _____

Student Admission _____

Residency Verified _____

Emergency Card _____

Health Card _____

Language Survey _____

TO BE COMPLETED BY PARENT OR GUARDIAN

GRADE _____ BOY _____ GIRL _____

STUDENT'S NAME: _____
(Legal) Last First Middle Birthdate Place of Birth (City & State)

ADDRESS: _____
Number and Street Apt # City Zip Code Home Telephone Number

LAST SCHOOL/PRESCHOOL ATTENDED _____
Name of School

_____ Last School Address City Zip Code School Phone #

Prior enrollment in Westminster School District YES _____ NO _____ YEAR _____

Homeless YES _____ NO _____ Foster Child YES _____ NO _____

American Indian Heritage YES _____ NO _____

Father _____
Last Name First Name Birthplace Occupation Work/Cell Phone #

Address, if different from student's _____

Mother _____
Last Name First Name Birthplace Occupation Work/Cell Phone #

Address, if different from student's _____

Step-Parent _____
Last Name First Name Birthplace Occupation Work/Cell Phone #

Address, if different from student's _____

Legal Guardian _____
Last Name First Name Birthplace Occupation Work/Cell Phone #

Address, if different from student's _____

Are both parents living? **Father** YES _____ NO _____ **Mother** YES _____ NO _____
Year died Year died

Is there a separation or divorce? If so, indicate which _____

With whom does student live? (Please check) Father _____ Mother _____ Step-father _____ Step-mother _____

Grandmother _____ Grandfather _____ Guardian _____ (give relationship) Other _____

Preferred Language for written materials _____

ALL CHILDREN IN THE FAMILY (Please list the oldest first)

Name	Date of Birth Month/Day/Year	Birthplace (State)	Relationship to Student	Living at Home (Yes or No)	School Attends

SPECIAL NEEDS

Has the student ever been enrolled in any Special Education classes YES ___ NO ___

If so, please check all areas of service and or placement:

Resource Specialist Program (RSP) ___ Speech & Language Therapy ___ Special Day Class (SDC) ___
 Counseling ___ Gifted and Talented Education (GATE) ___ Other _____

HEALTH CONDITIONS (Check any of the areas in which your child has special health needs)

Hearing ___ Vision ___ Speech ___ Dental ___ Seizures ___ Orthopedic ___

Other _____

Asthma/Allergies (*specify*) _____

Serious Injuries or Physical Handicaps (*Please explain*) _____

Medications (*Please list*) _____

Reason for Medication _____

PARENT ED LEVEL (Please check one, mark the highest parent education level) (*This information is required for State testing*)

<input type="checkbox"/> Not High School Graduate	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Grad School/ Post Grad Training	<input type="checkbox"/> Decline to State/ Unknown
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I hereby verify, to the best of my knowledge, that all of the information on this form is true and correct. I authorize the Westminster School District to transfer records when requested by the next school of attendance.

 Signature Relationship to Student Date